## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

in re Application of:	)	
••	:	Examiner: K.I. Tamai
JEROME CROS ET AL.	)	
	:	TC/Art Unit: 2834
Application No.: 09/656,085	)	
	:	
Filed: September 6, 2000	)	
	:	
For: BRUSH DC MOTORS AND AC	)	
COMMUTATOR MOTOR	:	
STRUCTURES WITH	)	
CONCENTRATED WINDINGS	:	October 23, 2003

Commissioner for Patents Mail Stop: Non-Fee Amendment P.O. Box 1450 Alexandria, VA 22313-1450

## RESPONSE TO OFFICE ACTION AND REQUEST FOR RECONSIDERATION

Sir:

In response to the Office Action dated July 24, 2003, the Examiner is respectfully requested to consider the following:

In re Application of:

Docket No. 01143.005400.

JEROME CROS ET AL.

Application No.: 09/656,085

Examiner: K.I. Tamai

Filed: September 6, 2000

TC/Art Unit: 2834

For: BRUSH DC MOTORS AND AC COMMUTATOR MOTOR

STRUCTURES WITH CONCENTRATED WINDINGS Date: October 24, 2003

COMMISSIONER FOR PATENTS

Mail Stop: Non-Fee Amendment

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

Transmitted herewith is a Response To Office Action in the above-identified application.

No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 18	MINUS	**	= 0	x \$9 \$18	0
INDEP. CLAIMS	* 2	MINUS	***	= 0	x \$43 \$86	0
Fee for Multiple Dependent claims \$145°/\$290				0		
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT			0			

If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

°Verified Statement claiming small entity status is enclosed, if not filed previously
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If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

	A check in the amount of \$ is enclosed.
	Charge \$ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed
X	Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06 1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
	A check in the amount of \$ to cover the fee for amonth extension is enclosed.
	A check in the amount of \$ to cover the Information Disclosure Statement fee is enclosed.
X	Applicants' undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.
	Respectfully submitted,
	Attorney for Applicants
	Registration No. 30 05/

FITZPATRICK, CELLA, HARPER & SCINTO 30 Rockefeller Plaza
New York, New York 10112-3801
Facsimile: (212) 218-2200

Form #120

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